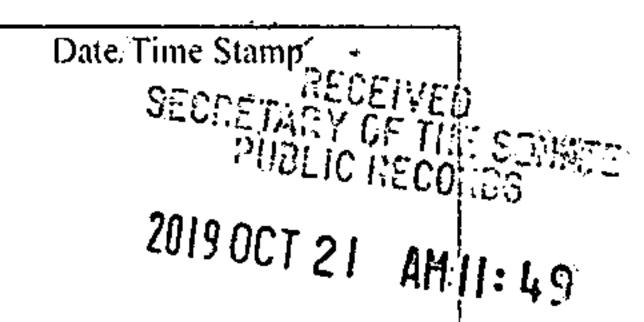
COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION



Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Name of Traveler: James Quinn	······································
Employing Office/Committee: Sen. I	Bill Cassidy
Travel Expenses Paid by (List all sour	rces): Pew Charitable Trust
Travel Date(s): Sept 13-14, 2019	· · · · · · · · · · · · · · · · · ·
Description/Title of Attached Forms:	Amended Post Disclosure Form
Purpose of Amendment (describe the	reason for amending original submission):
Clarify Spouse Expenses	
	- · · · · · · · · · · · · · · · · · · ·
10/21/2019	
(Date)	(Signature of Traveler)

Employee Post-Travel Disclosure of Travel Expenses

Da	te/Ti	me S	Stamp):	

Post-Travel Filing Instructions: Complete this form within 30 days of returning from

be reimbursed/paid for			sures with respect to	travel expenses that have been
	te Sponsor Travel Ce	rization (Form RE-1), Internation of the second sec		y, invitee list, etc.)
rivate Sponsor(s) (list	Pew Charitab	le Trusts	<u> </u>	
ravel date(s):	3-14, 2019			
Jame of accompanying	r family member (if a	ny): Shannon Quinn		
Relationship to Travele	er: 🗷 Spouse 🔲	Child		
	OSTS IN EMPLOYEE	EXPENSES. (Attach addi	tional pages if necessary	SE OR DEPENDENT CHILD, ON
	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☐ Good Faith Estimate	0	\$134	\$72	
Actual Amount				
Expenses for Accomp	anying Spouse or De	pendent Child (if applic	able):	<u>. </u>
<u>.</u> .	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☐ Good Faith Estimate				N/A
☐ Actual Amount				
		ents attended. See Senat changing history, bipartis		ttach additional pages if of policy making.
			· - · · · · · · · · · · · · · · ·	

Authorization form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

(Signature of Supervising Senator/Officer)

(Revised 1/3/11)



Date/Time Stamp:

Form RE-1

ETHIC AUG16'19AH10:49

EMPLOYEE PRE-TRAVEL AUTHORIZATION

Pre-Travel Filing Instructions: Complete and submit this form at least 30 days prior to the travel departure date to the Select Committee on Ethics in SH-220. Incomplete and late travel submissions will not be considered or approved. This form must be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your required post-travel disclosure.

Name of Traveler:	James Quinn				
Employing Office/Committee:	: Sen. Bill Cassidy				
Private Sponsor(s) (list all): The Pew Charita	ble Trusts				
Travel date(s): September 13-14, 2019					
Note: If you plan to extend the trip for a	ny reason you <u>must</u> notify the Committee.				
Destination(s): Annapolis, MD					
Explain how this trip is specifically connected to	the traveler's official or representational duties:				
This trip will help me better understand the legislatic Louisiana. It also offer an opportunity to learn more interest.	ive process and allow me to increase the effectiveness of serving constituents in e about my bipartisan colleagues so we can work together on areas of common				
Name of accompanying family member (if any):					
Relationship to Employee: Spouse Ch	ild				
I certify that the information contained in this fo	rm is true, complete and correct to the best of my knowledge:				
A I					
8/16/19	1/1/				
(Date)	(Signature of Employee)				
TO BE COMPLETED BY SUPERVISING SENATO Secretary for the Majority, Secretary for the Minority	OR/OFFICER (President of the Senate, Secretary of the Senate, Sergeant at Arms, v, and Chaplain):				
t. Bill Cassidy	hereby authorize James Quinn				
(Print Senator's/Officer's Name)	(Print Traveler's Name)				
related expenses for travel to the event described	ept payment or reimbursement for necessary transportation, lodging, and above. I have determined that this travel is in connection with his or her and will not create the appearance that he or she is using public office for				
I have also determined that the attendance of the	employee's spouse or child is appropriate to assist in the representation				
of the Senate. (signify "yes" by checking box)					
Muzux 16th 2019	12M mall				
(Date) (Revised 10/19/15)	(Signature of Supervising Senator/Officer)				
timina ini ini ini	Form RE-1				